



Request for Monthly Billing Statements to be Delivered Electronically

Name of Association _____

Account Number _____

Homeowner Name _____

Property Address _____

Email to be Used _____

Opt-Out -

Check One: [] **YES, others not known to me may have my email**

 [] **NO, I do not authorize the release of my email address**

By signing below, I acknowledge that my billing statement will be sent electronically. I understand that it will be my responsibility to secure Association mailings included with the billing statement by an alternate method, if applicable.

I understand that my Association dues are to be paid regularly whether or not I receive an email, and that billing statements are a courtesy.

I understand that it is my responsibility to advise the Association if my email address changes, or if I wish to “opt in” to allow my email to be shared with others.

Signature: _____